

Institution/Division Name

# Jamaica Plain Drug Lab

**Employee Name and Address**

## **Employee Reimbursement Form**

Page \_\_\_\_\_ of \_\_\_\_\_

| Employee ID # | Employee or Contractor Title | Bargaining Unit | Appropriation | Unit | Object |
|---------------|------------------------------|-----------------|---------------|------|--------|
| 296644        | Chemist II                   | 9               |               |      |        |

|                   |                      |                    |           |    |
|-------------------|----------------------|--------------------|-----------|----|
| Document Total:\$ | Reconciliation Date: | Schedule Pay Date: | Budget FY | FY |
|-------------------|----------------------|--------------------|-----------|----|

**Employee's Certification:** I hereby certify under the penalty of perjury that the amounts itemized above are true and correct, were incurred by me during the performance of my official duties of the Commonwealth and conform fully with rules and regulations pertaining to employee reimbursement. **Employee's Signature:** 

**Employee's Signature:** Stephanie

Supervisor's Approval: *D. Salami* Title: Laboratory Supervisor II Date: 7/26/12

Fiscal Verification: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Fiscal Approval: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Entered Into HR/CMS By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

County of Norfolk

**Parking Receipt**

THE COUNTY OF NORFOLK  
IS NOT RESPONSIBLE FOR  
LOST OR STOLEN ITEMS  
OR DAMAGE TO VEHICLE.

\$5.00

No. 58736

750

# The Commonwealth of Massachusetts

Norfolk, ss.

SUPERIOR COURT

**SUMMONS**

To:

Kate Corbett, Chemist  
Department of Public Health  
305 South Street  
Jamaica Plain, MA 02130

You are hereby commanded in the name of the Commonwealth of Massachusetts to appear before the Superior Court for the County of Norfolk, 650 High Street, Dedham, JULY 10, 2012 at 9:00 A.M. and from day to day thereafter, until the action hereinafter named is heard by said Court, to give evidence of what you know relating to the case of:

**Commonwealth of Massachusetts vs [REDACTED]**

you are further commanded to bring with you all books, papers, correspondence and all other written or printed documents and records in your possession, custody or control, relating, referring or in any way pertaining to:

[REDACTED]

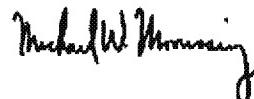
Witness, BARBARA J. ROUSE, ESQUIRE at Dedham, June 29, 2012

Please report to Assistant District Attorney Thomas L. Finigan

Place: Superior Court, 650 High St., Dedham Date: JULY 107, 2012

Telephone: (781) 830-4800 x245 Time: 9:00 AM

Any correspondence should be sent to: Thomas L. Finigan, ADA, DA's Office, 45 Shawmut Road, Canton, MA 02021



*Michael W. Morrissey, District Attorney*

**RETURN OF SERVICE**

2012

(month) (date)

Norfolk, ss.

By virtue of this writ, I have summoned the within named witnesses for their appearance at Court (complete one of the following):

By delivering a copy of this writ in hand to [REDACTED]

By leaving a copy of this writ at the last and usual place of abode, to wit:

No. \_\_\_\_\_ Street \_\_\_\_\_ City or Town \_\_\_\_\_

\*

*Police Officer, Constable, Deputy Sheriff*

MapQuest Maps and Directions

Notes

Trip to:

**650 High St**

Dedham, MA 02026-1855

6.49 miles / 14 minutes



**305 South St, Jamaica Plain, MA 02130-3515**

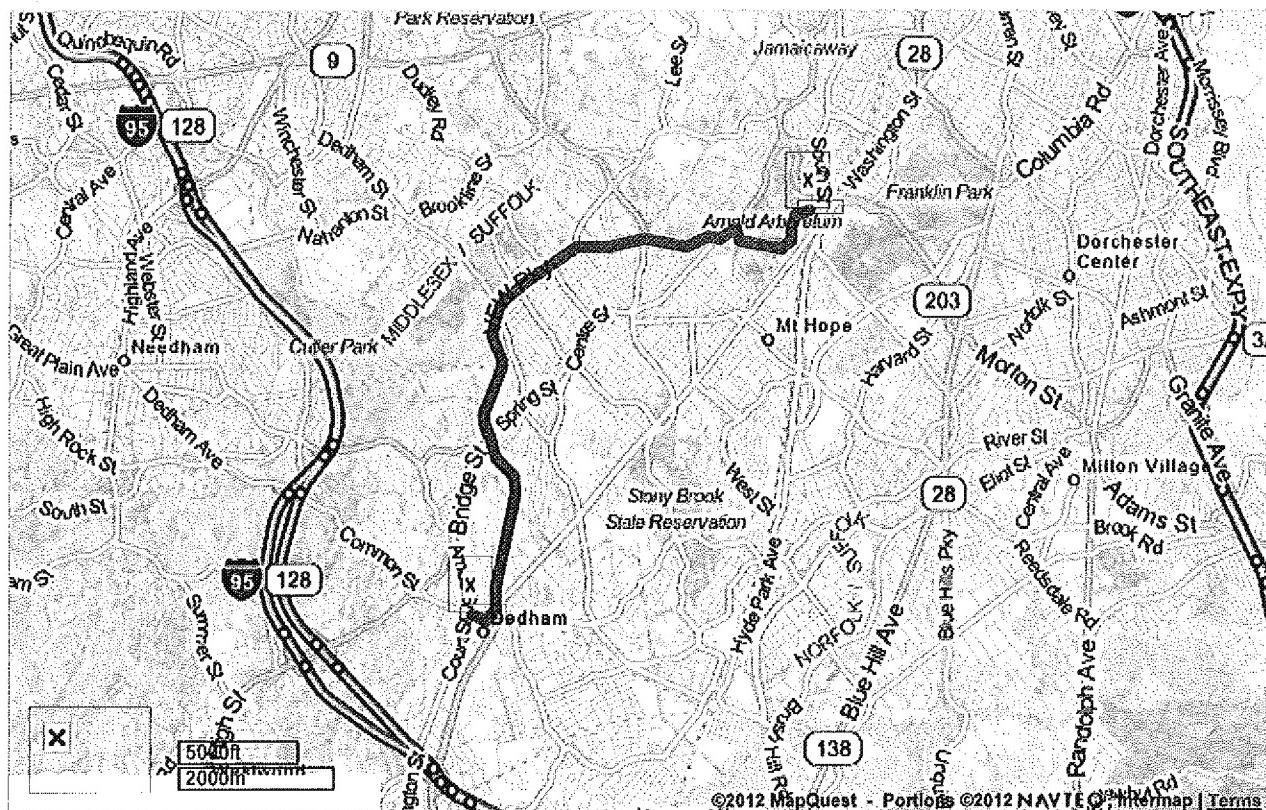


1. Start out going west on South St toward Chocorua St. [Map](#) 0.5 Mi
2. Turn slight right onto Bussey St. [Map](#) 0.4 Mi
3. Turn right onto Walter St. [Map](#) 0.1 Mi
4. Turn left onto Centre St. [Map](#) 0.2 Mi
5. Take the 1st right onto VFW Pky. Pass through 1 roundabout. [Map](#) 4.0 Mi
6. Stay straight to go onto Boston Providence Hwy / VFW Pky. [Map](#) 1.0 Mi
7. Turn slight right onto Washington St. [Map](#) 0.2 Mi
8. Turn right onto High St. [Map](#) 0.1 Mi
9. 650 HIGH ST is on the left. [Map](#)



**650 High St, Dedham, MA 02026-1855**

Total Travel Estimate: 6.49 miles - about 14 minutes



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